

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21						
22	5					
23	5					
24	5					
25	5					
26	5					
27	5					
28	5					
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31	5					
32	5					
33	5					
34	5					
35	5					
36	5					
37	5					
38	5					
39	5					
40	5					
41	5					
42	0					
43	0					
44	0					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.	16					
TOTAL DEP.	136					
TOTAL CLAIMS	152					